



Accident Questionnaire

(PLEASE PRINT)

Procurement Department
City of Germantown
1930 S. Germantown Road 38138

In general, YOU will need to show why the City of Germantown is at fault for the incident. We are only responsible for those area's we maintain and control. This means all claims for incidents that occur on a State highway will need to be sent to the State of Tennessee. Also, be aware that there are notice requirements for many things. Until we know a problem exists and needs to be corrected, we generally are not responsible for any incidents that arise from it. After we have been informed of a problem the law gives us a "reasonable" time to correct it. The time limit depends on what has to be fixed and the conditions or factors involved at the time. We are not responsible for unforeseeable events, act of God, nor the fault of third parties we do not control.

Name _____ Date of Birth ____ / ____ / ____

Current Address _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

Mobile Phone (____) _____ - _____ Email: _____

Best Method to Reach You _____

Best Times to Reach You _____

Date of Injury/Incident ____ / ____ / ____

Time of Incident _____ ☐ a.m. ☐ p.m.

Did you take photographs? ☐ Yes ☐ No

Weather Conditions on Day of Incident: _____

Exact Address and Location Where Incident Occurred: _____

Type of Incident:

- ☐ Damage to My Personal Property
- ☐ Damaged City Property
- ☐ Personal Injury
- ☐ Other _____

Description of How Incident Occurred: _____

Did You Receive Medical Treatment? ☐ Yes ☐ No ☐ Not Applicable

☐ First Aid Only – Provided By: _____

☐ Ambulance/Paramedics – *Was There a Report Filed?* ☐ Yes ☐ No
(If yes, please provide a copy)

☐ None

List All Doctors and Other Health Care Providers Who Have Treated Your Injuries, Including Their Names, Business Addresses, and Phone Numbers

Total medical expenses incurred to date to treat your injuries: \$ _____

Total medical expenses you expect to incur in the future: \$ _____

List the Names, Addresses, and Phone Numbers of Any Possible Witnesses in Your Case:

Notification of Incident to City and/or Police at the time/day Incident Occurred: ☐ Yes ☐ No

If no, please provide the following:

Date when the notification did occur: _____ / _____ / _____ Time: _____ ☐ a.m. ☐ p.m.

Name of Person Contacted: _____

Reason for Filing a Claim: _____

Provide any Information that Verifies and/or Contributes to the Explanation for the Above Stated Information: (Letters from doctor, photos, invoices, etc.) _____

Other Information: _____

By signing this questionnaire, I hereby certify that the above statements are true and correct to the best of my knowledge.

Please Print Name: _____

Signature

Date

For Procurement Department Use Only:

☐ Dated Received by Procurement Director _____

☐ Date of Notification to Insurance Provider _____

☐ Date Reviewed by City Attorney (If needed) _____

☐ Completion Date _____

Comments: _____
